

IC 25-26-16

Chapter 16. Drug Regimens

IC 25-26-16-1

Sec. 1. As used in this chapter, "protocol" means the policies, procedures, and protocols of a hospital listed in IC 16-18-2-161(1) concerning the adjustment of a patient's drug regimen by a pharmacist.
As added by P.L.114-1996, SEC.2.

IC 25-26-16-2

Sec. 2. For purposes of this chapter, a pharmacist adjusts a drug regimen if the pharmacist:

- (1) changes the duration of treatment for a current drug therapy;
- (2) adjusts a drug's strength, dosage form, frequency of administration, or route of administration;
- (3) discontinues the use of a drug; or
- (4) adds a drug to the treatment regimen.

As added by P.L.114-1996, SEC.2.

IC 25-26-16-3

Sec. 3. (a) At the time of admission to a hospital that has adopted a protocol under this chapter, the following apply:

- (1) The admitting practitioner shall signify in writing in the form and manner prescribed by the hospital whether the protocol applies in the care and treatment of the patient.
- (2) A pharmacist may adjust the drug therapy regimen of the patient pursuant to the:
 - (A) written authorization of the admitting practitioner under subdivision (1); and
 - (B) protocols of the hospital.

The pharmacist shall review the appropriate medical records of the patient to determine whether the admitting practitioner has authorized the use of a specific protocol before adjusting the patient's drug therapy regimen. The admitting practitioner may at any time modify or cancel a protocol by entering the modification or cancellation in the patient's medical record.

(b) Notwithstanding subsection (a)(2), if a protocol involves parenteral nutrition of the patient, the pharmacist shall communicate with the admitting practitioner to receive approval to begin the protocol. The authorization of the admitting practitioner to use the protocol shall be entered immediately in the patient's medical record.

As added by P.L.114-1996, SEC.2.

IC 25-26-16-4

Sec. 4. (a) This section applies to a pharmacist practicing in a hospital listed in IC 16-18-2-161(1), in which the pharmacist is supervised by a physician as required under the protocols of the facility that are developed by health care professionals, including physicians, pharmacists, and registered nurses.

(b) The protocols developed under this chapter must at a minimum require that the medical records of the patient are available to both the

patient's practitioner and the pharmacist and that the procedures performed by the pharmacist relate to a condition for which the patient has first seen a physician or other licensed practitioner.

As added by P.L.114-1996, SEC.2.

IC 25-26-16-5

Sec. 5. If a hospital or private mental health institution elects to implement, revise, or renew a protocol under this chapter, the governing board of the hospital or private mental health institution shall consult with that facility's medical staff, pharmacists, and other health care providers selected by the governing board. However, the governing board is the ultimate authority regarding the terms, implementation, revision, and renewal of the protocol.

As added by P.L.114-1996, SEC.2.

IC 25-26-16-6

Sec. 6. Except for the addition or deletion of authorized practitioners and pharmacists, a modification to written protocols requires the initiation of a new protocol.

As added by P.L.114-1996, SEC.2.

IC 25-26-16-7

Sec. 7. A protocol of a health care facility developed under this chapter must be reviewed at least annually.

As added by P.L.114-1996, SEC.2.

IC 25-26-16-8

Sec. 8. Documentation of protocols must be maintained in a current, consistent, and readily retrievable manner. A pharmacist is required to document decisions made under this chapter in a manner that shows adequate, consistent, and regular communication with an authorizing practitioner. After making an adjustment or a change to the drug regimen of a patient, the pharmacist shall immediately enter the change in the patient's medical record.

As added by P.L.114-1996, SEC.2.

IC 25-26-16-9

Sec. 9. (a) This chapter does not modify the requirements of other statutes relating to the confidentiality of medical records.

(b) This chapter does not make any other licensed health care provider liable for the actions of a pharmacist carried out under this section.

As added by P.L.114-1996, SEC.2.